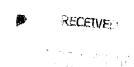
# ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

# Lagoon Estates Water Company 2600 N. 44<sup>th</sup> St, Ste 203 Phoenix, AZ 85008

W-01825A



ACC UTILITIES DIRECTOR

# ANNUAL REPORT

FOR YEAR ENDING

12 31 2009

FOR COMMISSION USE

ANN04

09

4-23-10

# **COMPANY INFORMATION**

| Company Name (BusinessName) <u>L</u>                                                                                                                                                                   | agoon Estates water Company                                                                                                                      |                                          |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|
| Mailing Address 2600 N. 44 <sup>th</sup> Street, S                                                                                                                                                     | uite 203                                                                                                                                         |                                          |                                                |
| (Street) Phoenix                                                                                                                                                                                       | AZ                                                                                                                                               | 8500                                     | 08                                             |
| (City)                                                                                                                                                                                                 | (State)                                                                                                                                          |                                          | Cip)                                           |
| 602-275-5402                                                                                                                                                                                           | 602-275-8742                                                                                                                                     |                                          |                                                |
| Telephone No. (Include Area Code)                                                                                                                                                                      | Fax No. (Include Area Code)                                                                                                                      | Pager/Cell No. (                         | Include Area Code)                             |
| Email Address: sherrillfarmsi@msn.com                                                                                                                                                                  | l                                                                                                                                                |                                          |                                                |
| ocal Office Mailing Address                                                                                                                                                                            |                                                                                                                                                  |                                          |                                                |
| -                                                                                                                                                                                                      | (Street)                                                                                                                                         |                                          |                                                |
| (City)                                                                                                                                                                                                 | (State)                                                                                                                                          | (Zi                                      | p)                                             |
| ocal Office Telephone No. (Include Area Code)                                                                                                                                                          | Fax No. (Include Area Code)                                                                                                                      | Pager/Cell 1                             | No. (Include Area Code                         |
| Email Address                                                                                                                                                                                          | -                                                                                                                                                |                                          |                                                |
| MAN                                                                                                                                                                                                    | AGEMENT INFORMATION                                                                                                                              | <u>ON</u>                                |                                                |
|                                                                                                                                                                                                        | AGEMENT INFORMATION Miller                                                                                                                       |                                          | Controller                                     |
| Management Contact: Star                                                                                                                                                                               | n Miller<br>(Name)                                                                                                                               |                                          |                                                |
| Management Contact: Star                                                                                                                                                                               | n Miller                                                                                                                                         | (1)                                      | itle)                                          |
| Management Contact: Star  600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  502-275-5402                                                                                                               | n Miller (Name)  Phoenix (City)  602-275-8742                                                                                                    | AZ<br>(State)                            | 85008<br>(Zip)                                 |
| Management Contact: Star<br>2600 N. 44 <sup>th</sup> Street, Ste 203<br>(Street)                                                                                                                       | n Miller<br>(Name)<br>Phoenix<br>(City)                                                                                                          | AZ<br>(State)                            | itle) <u>85008</u>                             |
| Management Contact: Star  2600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  602-275-5402 Telephone No. (Include Area Code)                                                                            | n Miller (Name)  Phoenix (City)  602-275-8742                                                                                                    | AZ<br>(State)                            | 85008<br>(Zip)                                 |
| Management Contact: Star  2600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  602-275-5402 Telephone No. (Include Area Code)                                                                            | n Miller (Name)  Phoenix (City)  602-275-8742  Fax No. (Include Area Code)                                                                       | AZ<br>(State)                            | 85008<br>(Zip)                                 |
| Management Contact: Star  2600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  502-275-5402 Telephone No. (Include Area Code)  Email Address  On Site Manager: Charles B. Sh                             | n Miller (Name)  Phoenix (City)  602-275-8742  Fax No. (Include Area Code)  nerrill Jr (Name)                                                    | AZ<br>(State)<br>Pager/Cell No. (        | Eitle)  85008 (Zip)  Include Area Code)        |
| Management Contact: Star  2600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  502-275-5402 Telephone No. (Include Area Code)  Email Address  On Site Manager: Charles B. St                             | n Miller (Name)  Phoenix (City)  602-275-8742  Fax No. (Include Area Code)  merrill Jr (Name)  Mohave Valley                                     | AZ (State)  Pager/Cell No. (             | Eitle)  85008 (Zip)  Include Area Code)  86440 |
| Management Contact: Star  600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  602-275-5402 Telephone No. (Include Area Code)  Email Address  On Site Manager: Charles B. Star  2801 Laguna Road (Street) | n Miller (Name)  Phoenix (City)  602-275-8742  Fax No. (Include Area Code)  nerrill Jr (Name)                                                    | AZ<br>(State)<br>Pager/Cell No. (        | Eitle)  85008 (Zip)  Include Area Code)        |
| Management Contact: Star  2600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  502-275-5402 Telephone No. (Include Area Code)  Email Address  On Site Manager: Charles B. St.  2801 Laguna Road (Street) | n Miller (Name)  Phoenix (City)  602-275-8742  Fax No. (Include Area Code)  merrill Jr (Name)  Mohave Valley (City)                              | AZ (State)  Pager/Cell No. (  AZ (State) | 85008 (Zip)  Include Area Code)  86440 (Zip)   |
| Management Contact: Star  2600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  502-275-5402 Telephone No. (Include Area Code)  Email Address  On Site Manager: Charles B. St.  2801 Laguna Road (Street) | n Miller (Name)  Phoenix (City)  602-275-8742  Fax No. (Include Area Code)  merrill Jr (Name)  Mohave Valley                                     | AZ (State)  Pager/Cell No. (             | 85008 (Zip)  Include Area Code)  86440 (Zip)   |
| Management Contact: Star  2600 N. 44 <sup>th</sup> Street, Ste 203 (Street)  502-275-5402 Telephone No. (Include Area Code)  Email Address  On Site Manager: Charles B. St.  2801 Laguna Road (Street) | n Miller (Name)  Phoenix (City)  602-275-8742  Fax No. (Include Area Code)  nerrill Jr (Name)  Mohave Valley (City)  Fax No. (Include Area Code) | AZ (State)  Pager/Cell No. (  AZ (State) | 85008<br>(Zip) Include Area Code)  86440 (Zip) |

Please mark this box if the above address(es) have changed or are updated since the last filing.

| Statutory Agent: Charles B. Sherrill Jr.         |                                    |                        |                |
|--------------------------------------------------|------------------------------------|------------------------|----------------|
| accont with a connect                            | (Name)                             | 1. G                   | 05000          |
| 2600 N. 44 <sup>th</sup> St, Ste 203<br>(Street) | Phoenix (City)                     | AZ<br>(State)          | 85008<br>(7in) |
| (Sirect)                                         | (City)                             | (State)                | (Zip)          |
| 602-275-5402                                     | 602-275-8742                       |                        | <u>.</u>       |
| Telephone No. (Include Area Code)                |                                    | Pager/Cell No. (Inclu  | de Area Code)  |
| Attournova Carall Cl. 11                         |                                    |                        |                |
| Attorney: Gerald Sherrill                        | (Name)                             |                        |                |
|                                                  | (rvaine)                           |                        |                |
|                                                  | hoenix                             | AZ                     | 85008          |
| (Street)                                         | (City)                             | (State)                | (Zip)          |
| 602-275-5402                                     | 602-275-8742                       |                        |                |
| Telephone No. (Include Area Code)                | Fax No. (Include Area Code)        | Pager/Cell No. (Includ | e Area Code)   |
| Please mark this box if the above addres         |                                    | ed since the last      | filing.        |
| OWNER                                            | RSHIP INFORMATION                  |                        | •**            |
| Check the following box that applies to your c   | ompany:                            |                        |                |
| Sole Proprietor (S)                              | C Corporation (C) (Oth             | ier than Associa       | ation/Co-op)   |
| Partnership (P)                                  | Subchapter S Corporati             | on (Z)                 |                |
| Bankruptcy (B)                                   | Association/Co-op (A)              |                        |                |
| Receivership (R)                                 | ☐ Limited Liability Comp           | oany                   |                |
| Other (Describe)                                 |                                    |                        |                |
| <u>CO</u>                                        | UNTIES SERVED                      |                        |                |
| Check the box below for the county/ies in which  | ch you are certificated to provide | service:               |                |
| <b>П</b> АРАСНЕ                                  | ☐ COCHISE                          | ☐ COCONI               | NO             |
| ☐ GILA                                           | ☐ GRAHAM                           | GREENI                 | ÆE             |
| ☐ LA PAZ                                         | ☐ MARICOPA                         | ✓ монаv                | E              |
| ☐ NAVAJO                                         | □ РІМА                             | ☐ PINAL                |                |
| ☐ SANTA CRUZ                                     | ☐ YAVAPAI                          | ☐ YUMA                 |                |
| ☐ STATEWIDE                                      |                                    |                        |                |

# **UTILITY PLANT IN SERVICE**

| Acet. |                                        | Original  | Accumulated       | O.C.L.D.     |
|-------|----------------------------------------|-----------|-------------------|--------------|
| No.   | DESCRIPTION                            | Cost (OC) | Depreciation (AD) | (OC less AD) |
| 301   | Organization                           |           |                   |              |
| 302   | Franchises                             |           |                   |              |
| 303   | Land and Land Rights                   | 28,262    | 0                 | 28,262       |
| 304   | Structures and Improvements            | 43,779    | 29,269            | 14,510       |
| 307   | Wells and Springs                      | 76,079    | 50,373            | 25,706       |
| 311   | Pumping Equipment                      | 68,039    | 59,053            | 8,988        |
| 320   | Water Treatment Equipment              | 15,467    | 7,913             | 7,554        |
| 330   | Distribution Reservoirs and Standpipes | 54,868    | 54,212            | 656          |
| 331   | Transmission and Distribution Mains    | 220,674   | 169,989           | 50,685       |
| 333   | Services                               |           |                   |              |
| 334   | Meters and Meter Installations         | 33,817    | 28,818            | 4,998        |
| 335   | Hydrants                               | 448       | 448               | 0            |
| 336   | Backflow Prevention Devices            |           |                   |              |
| 339   | Other Plant and Misc. Equipment        | 1,655     | 212               | 1,443        |
| 340   | Office Furniture and Equipment         | 8,724     | 8,279             | 445          |
| 341   | Transportation Equipment               | 4,384     | 2,914             | 1,472        |
| 343   | Tools, Shop and Garage Equipment       |           |                   |              |
| 344   | Laboratory Equipment                   |           |                   |              |
| 345   | Power Operated Equipment               |           |                   |              |
| 346   | Communication Equipment                |           |                   |              |
| 347   | Miscellaneous Equipment                |           |                   |              |
| 348   | Other Tangible Plant                   |           |                   |              |
|       | TOTALS                                 | 556,199   | 411,477           | 144,719      |

This amount goes on the Balance Sheet Acct. No. 108

### CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

| Acct.<br>No. | DESCRIPTION                            | Original<br>Cost (1) | Depreciation Percentage (2) | Depreciation  Expense (1x2) |
|--------------|----------------------------------------|----------------------|-----------------------------|-----------------------------|
| 301          | Organization                           |                      |                             |                             |
| 302          | Franchises                             |                      |                             |                             |
| 303          | Land and Land Rights                   | 28,262               | 0                           | 0                           |
| 304          | Structures and Improvements            | 43,779               | 3.23                        | 1,414                       |
| 307          | Wells and Springs                      | 76,079               | 3.23                        | 2,457                       |
| 311          | Pumping Equipment                      | 68,039               | 3.23                        | 2,198                       |
| 320          | Water Treatment Equipment              | 15,467               | 3.23                        | 500                         |
| 330          | Distribution Reservoirs and Standpipes | 54,868               | 3.23                        | 1,772                       |
| 331          | Transmission and Distribution Mains    | 220,674              | 3.23                        | 7,128                       |
| 333          | Services                               |                      |                             |                             |
| 334          | Meters and Meter Installations         | 33,817               | 3.23                        | 1,092                       |
| 335          | Hydrants                               | 448                  | 0                           | 0                           |
| 336          | Backflow Prevention Devices            |                      |                             |                             |
| 339          | Other Plant and Misc. Equipment        | 1,655                | 3.23                        | 53                          |
| 340          | Office Furniture and Equipment         | 8,724                | 3.23                        | 282                         |
| 341          | Transportation Equipment               | 4,384                | 3.23                        | 142                         |
| 343          | Tools, Shop and Garage Equipment       |                      |                             |                             |
| 344          | Laboratory Equipment                   |                      |                             |                             |
| 345          | Power Operated Equipment               |                      |                             |                             |
| 346          | Communication Equipment                |                      |                             |                             |
| 347          | Miscellaneous Equipment                |                      |                             |                             |
| 348          | Other Tangible Plant                   |                      |                             |                             |
|              | TOTALS                                 | 556,199              |                             | 17,038                      |

This amount goes on the Comparative Statement of Income and Expense \_\_\_ Acct. No. 403.

# **BALANCE SHEET**

| Acct  |                                             | BALANCE AT<br>BEGINNING OF | BALANCE AT<br>END OF |
|-------|---------------------------------------------|----------------------------|----------------------|
| .110. | ASSETS                                      | YEAR                       | YEAR                 |
|       | CURRENT AND ACCRUED ASSETS                  |                            |                      |
| 131   | Cash                                        | \$3,233                    | \$2,933              |
| 134   | Working Funds                               |                            |                      |
| 135   | Temporary Cash Investments                  |                            |                      |
| 141   | Customer Accounts Receivable                |                            |                      |
| 146   | Notes/Receivables from Associated Companies | \$3,944                    | \$12,818             |
| 151   | Plant Material and Supplies                 |                            |                      |
| 162   | Prepayments                                 |                            |                      |
| 174   | Miscellaneous Current and Accrued Assets    |                            |                      |
|       | TOTAL CURRENT AND ACCRUED ASSETS            | \$7,177                    | \$15,751             |
|       | FIXED ASSETS                                |                            |                      |
| 101   | Utility Plant in Service                    | \$557,271                  | \$556,199            |
| 103   | Property Held for Future Use                |                            |                      |
| 105   | Construction Work in Progress               |                            |                      |
| 108   | Accumulated Depreciation – Utility Plant    | \$394,439                  | \$411,477            |
| 121   | Non-Utility Property                        |                            |                      |
| 122   | Accumulated Depreciation – Non Utility      |                            | <u>-</u>             |
|       | TOTAL FIXED ASSETS                          | \$162,832                  | \$144,722            |
|       | TOTAL ASSETS                                | \$170,009                  | \$160,473            |

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

### COMPANY NAME LAGOON ESTATES WATER COMPANY

# **BALANCE SHEET (CONTINUED)**

| Acct.<br>No.   |                                                   | BALANCE AT<br>BEGINNING OF | BALANCE AT<br>END OF |
|----------------|---------------------------------------------------|----------------------------|----------------------|
|                | LIABILITIES                                       | YEAR                       | YEAR                 |
|                | CURRENT LIABILITES                                |                            |                      |
| 231            | Accounts Payable                                  | \$77                       | \$48                 |
| 232            | Notes Payable (Current Portion)                   |                            |                      |
| 234            | Notes/Accounts Payable to Associated Companies    |                            |                      |
| 235            | Customer Deposits                                 | \$50,665                   | \$40,567             |
| 236            | Accrued Taxes                                     |                            |                      |
| 237            | Accrued Interest                                  |                            |                      |
| 241            | Miscellaneous Current and Accrued Liabilities     | \$3,242                    | \$2,576              |
| ~· <u>~~~~</u> | TOTAL CURRENT LIABILITIES                         | \$53,984                   | \$                   |
|                | LONG TERM DEPT (Over 12 Months)                   |                            |                      |
| 224            | LONG-TERM DEBT (Over 12 Months)                   | \$0                        | \$0                  |
| 224            | Long-Term Notes and Bonds                         | \$0                        | 30                   |
|                | DEFERRED CREDITS                                  |                            |                      |
| 251            | Unamortized Premium on Debt                       | \$                         | \$                   |
| 252            | Advances in Aid of Construction                   | \$35,894                   | \$35,894             |
| 255            | Accumulated Deferred Investment Tax Credits       |                            |                      |
| 271            | Contributions in Aid of Construction              |                            |                      |
| 272            | Less: Amortization of Contributions               |                            |                      |
| 281            | Accumulated Deferred Income Tax                   |                            |                      |
|                | TOTAL DEFERRED CREDITS                            | \$35,984                   | \$35,894             |
|                | TOTAL LIABILITIES                                 | \$89,878                   | \$79,085             |
|                | CAPITAL ACCOUNTS                                  |                            |                      |
| 201            | Common Stock Issued                               | \$75,214                   | \$75,214             |
| 211            | Paid in Capital in Excess of Par Value            | \$101,471                  | \$101,471            |
| 215            | Retained Earnings                                 | \$(96,554)                 | \$(95,297)           |
| 218            | Proprietary Capital (Sole Props and Partnerships) |                            |                      |
|                | TOTAL CAPITAL                                     | \$80,131                   | \$81,388             |
|                | TOTAL LIABILITIES AND CAPITAL                     | \$170,009                  | 160,473              |

# COMPARATIVE STATEMENT OF INCOME AND EXPENSE

| Acct.   | OPERATING REVENUES                        | PRIOR YEAR | CURRENT YEAR |
|---------|-------------------------------------------|------------|--------------|
| No. 461 | Metered Water Revenue                     | \$187,999  | \$167,339    |
| 460     | Unmetered Water Revenue                   | \$107,777  | Ψ107,555     |
| 474     | Other Water Revenues                      | \$11.610   | \$20,764     |
| 4/4     | TOTAL REVENUES                            | \$199,609  | \$188,103    |
|         | OPERATING EXPENSES                        |            |              |
| 601     | Salaries and Wages                        | \$92,505   | \$61,545     |
| 610     | Purchased Water                           | \$72,505   | Ψ01,515      |
| 615     | Purchased Power                           | \$9,949    | \$8,740      |
| 618     | Chemicals                                 | \$973      | \$4,019      |
| 620     | Repairs and Maintenance                   | \$12,734   | \$12,624     |
| 621     | Office Supplies and Expense               | \$15,842   | \$22,154     |
| 630     | Outside Services                          | \$5,563    | \$200        |
| 635     | Water Testing                             | \$3,920    | \$2,745      |
| 641     | Rents                                     | ψ3,720     | φ2,7.10      |
| 650     | Transportation Expenses                   | \$10,823   | \$3,717      |
| 657     | Insurance – General Liability             | \$6,338    | \$10,020     |
| 659     | Insurance - Health and Life               | \$4,658    | \$9,586      |
| 666     | Regulatory Commission Expense – Rate Case |            |              |
| 675     | Miscellaneous Expense                     | \$4,512    | \$7,599      |
| 403     | Depreciation Expense                      | \$17,072   | \$17,038     |
| 408     | Taxes Other Than Income                   | \$15,011   | \$14,386     |
| 408.11  | Property Taxes                            | \$5,967    | \$6,992      |
| 409     | Income Tax                                |            |              |
|         | TOTAL OPERATING EXPENSES                  | \$205,868  | \$181,365    |
|         | OPERATING INCOME/(LOSS)                   | (\$6,281)  | \$6,735      |
|         | OTHER INCOME/(EXPENSE)                    |            |              |
| 419     | Interest and Dividend Income              | \$         |              |
| 421     | Non-Utility Income                        |            |              |
| 426     | Miscellaneous Non-Utility Expenses        |            |              |
| 427     | Interest Expense                          | \$21       | \$50         |
|         | TOTAL OTHER INCOME/(EXPENSE)              |            |              |
|         | NET INCOME/(LOSS)                         | (\$6,280)  | \$6,685      |

### COMPANY NAME: LAGOON ESTATES WATER COMPAY

# SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

| <del>.</del>           | LOAN #1 | LOAN #2 | LOAN #3 | LOAN #4 |
|------------------------|---------|---------|---------|---------|
| Date Issued            |         |         |         |         |
| Date Issued            |         |         |         | 1       |
| Source of Loan         |         |         |         |         |
| ACC Decision No.       |         |         |         |         |
| Reason for Loan        |         |         |         |         |
| Dollar Amount Issued   |         | \$      | \$      | \$      |
| Amount Outstanding     |         | \$      | \$      | \$      |
| Date of Maturity       |         |         |         |         |
| Interest Rate          | %       | %       | %       | %       |
| Current Year Interest  | \$      | \$      | \$      | \$      |
| Current Year Principle | \$      | \$      | \$      | \$      |

| Meter Deposit Balance at Test Year End       | \$23,626 |
|----------------------------------------------|----------|
| Meter Deposits Refunded During the Test Year | \$9,434  |

### WATER COMPANY PLANT DESCRIPTION

### **WELLS**

| ADWR ID<br>Number* | Pump<br>Horsepower | Pump Yield<br>(gpm) | Casing<br>Depth<br>(Feet) | Casing<br>Diameter<br>(Inches) | Meter Size<br>(inches) | Year<br>Drilled |
|--------------------|--------------------|---------------------|---------------------------|--------------------------------|------------------------|-----------------|
| 55-536722          | 40 TURBANE         | 1500                | 270                       | 16                             | 8                      |                 |
| 55-618835          | 7.5                | 3.5                 | 175                       | 12                             | 4                      |                 |
| 55-618836          | 7.5                | 300                 | 180                       | 8                              | 3                      |                 |
| 55-618837          | 5                  | 300                 | 210                       | 8                              | 3                      |                 |
|                    |                    |                     |                           |                                |                        |                 |
| ,                  |                    |                     |                           |                                |                        |                 |

<sup>\*</sup> Arizona Department of Water Resources Identification Number

### **OTHER WATER SOURCES**

| Name or Description | Capacity (gpm) | Gallons Purchased or Obtained (in thousands) |
|---------------------|----------------|----------------------------------------------|
|                     |                |                                              |

| Standard Quantity Other |
|-------------------------|
|                         |
| 6 Joneshead             |
|                         |
|                         |
|                         |
| _                       |

| STORAGE TANKS                           |          | PRESSURE TANKS |          |
|-----------------------------------------|----------|----------------|----------|
| Capacity                                | Quantity | Capacity       | Quantity |
| , , , , , , , , , , , , , , , , , , , , |          | 5000           | 4        |
|                                         |          |                |          |
|                                         |          |                |          |
| ,                                       |          |                |          |
|                                         |          |                |          |

### COMPANY NAME LAGOON ESTATES WATER COMPANY

# WATER COMPANY PLANT DESCRIPTION (CONTINUED)

### **MAINS**

| Size (in inches) | Material   | Length (in feet) |
|------------------|------------|------------------|
| 2                |            |                  |
| 3                |            |                  |
| 4                | PVC        | <u>178,680</u>   |
| 5                |            |                  |
| 6                | PVC        | 10870            |
| 8                | ACP 342    | PVC1827          |
| 10               | PCV (C900) | 1833             |
| 12               |            |                  |
|                  |            |                  |
|                  |            |                  |
|                  |            |                  |
|                  |            |                  |
|                  |            |                  |

### **CUSTOMER METERS**

| Size (in inches)                  | Quantity   |
|-----------------------------------|------------|
| 5/8 X <sup>3</sup> / <sub>4</sub> | <u>372</u> |
| 3/4                               |            |
| 1                                 | <u>2</u>   |
| 1 1/2                             |            |
| 2                                 | 1          |
| Comp. 3                           |            |
| Turbo 3                           |            |
| Comp. 4                           |            |
| Tubo 4                            |            |
| Comp. 6                           |            |
| Tubo 6                            |            |
| Tubo 8                            | <u>1</u>   |
|                                   |            |

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

RETAIL SINGLE CYCLINDER GAS CHLORINATOR

STRUCTURES:

SHOP BUILDING UTILITY SHED

OTHER:

SECURITY CYCLONE FENCING NATURAL GAS ONAN GENERTOR

# WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

| MONTH     | NUMBER OF | GALLONS SOLD | GALLON PUMPED |
|-----------|-----------|--------------|---------------|
|           | CUSTOMERS |              | (Thousands)   |
| JANUARY   |           | 2292000      | 2292000       |
| FEBRUARY  |           | 2256000      | 2256000       |
| MARCH     |           | 2169000      | 2269000       |
| APRIL     |           | 3273000      | 3348000       |
| MAY       |           | 3012000      | 3012000       |
| JUNE      |           | 2557000      | 2793000       |
| JULY      |           | 3221000      | 3221000       |
| AUGUST    |           | 2975260      | 3317000       |
| SEPTEMBER |           | 2591000      | 2625000       |
| OCTOBER   |           | 1989000      | 2023000       |
| NOVEMBER  |           | 2234000      | 2352000       |
| DECEMBER  |           | 1515000      | 1611000       |
| L         | TOTAL     | 30,084,260   | 31,119,000    |

Difference in sold verses pumped is irrigation and flushing that were not billed to customers.

(If more than one well, please list each separately.)

| Is the Water Utilit | located in an ADWR Active Management Area (AMA)?            |
|---------------------|-------------------------------------------------------------|
| (X)Yes              | ( ) No                                                      |
| Does the Company    | have an ADWR Gallons Per Capita Per Day (GPCPD) requirement |
| ( ) Yes             | ( X) No                                                     |
| If yes, provide the | GPCPD amount:                                               |
| What is the level o | f arsenic for each well on your system. 08-021 .005 PPB     |

Note: If you are filing for more than one system, please provide separate data sheets for each system.

08-046 .0092 PPB

# WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

| MONTH     | NUMBER OF | GALLONS SOLD | GALLON PUMPED |
|-----------|-----------|--------------|---------------|
|           | CUSTOMERS |              | (Thousands)   |
| JANUARY   | 36        | 2292000      | 2292000       |
| FEBRUARY  | 36        | 2256000      | 2256000       |
| MARCH     | 36        | 2169000      | 2269000       |
| APRIL     | 36        | 3273000      | 3348000       |
| MAY       | 36        | 3012000      | 3012000       |
| JUNE      | 36        | 2557000      | 2793000       |
| JULY      | 36        | 3221000      | 3221000       |
| AUGUST    | 36        | 2975260      | 3317000       |
| SEPTEMBER | 36        | 2591000      | 2625000       |
| OCTOBER   | 36        | 1989000      | 2023000       |
| NOVEMBER  | 35        | 2234000      | 2352000       |
| DECEMBER  | 35        | 1515000      | 1611000       |
|           | TOTAL     | 2271000      | 2501000       |

# COMPANY NAME <u>LAGOON ESTATES WATER COMPANY</u> YEAR ENDING 12/31/2008

| PROPERTY TAXES                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amount of actual property taxes paid during Calendar Year 2009 was: \$_6,992_                                                                                                                            |
| Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year. |
| If no property taxes paid, explain why                                                                                                                                                                   |
|                                                                                                                                                                                                          |
|                                                                                                                                                                                                          |
|                                                                                                                                                                                                          |
|                                                                                                                                                                                                          |
|                                                                                                                                                                                                          |
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|                                                                                                                                                                                                          |
|                                                                                                                                                                                                          |
|                                                                                                                                                                                                          |

### **VERIFICATION**

# AND

# SWORN STATEMENT

Taxes

ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)

MOHAVE

NAME (OWNER OR OFFICIAL) TITLE

STANLEY MILLER, CONTROLLER

COMPANY NAME

LAGOON ESTATES WATER COMPANY

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| MONTH | DAY | YEAR |
|-------|-----|------|
| 12    | 31  | 2009 |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

### **SWORN STATEMENT**

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

TELEPHONE NUMBER

SIGNATURE OF OWNER OR OFFICIAL

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

OFFICIAL SEAL IFSAL GEMAR lotary Public State of Arizona

MARICOPA COUNTY My Comm Expires Jun. 10, 2013

**THIS** 

DAY OF

MONTH

COUNTY NAME

2000

SIGNATURE OF NOTARY PUBLIC

XI an cona

### COMPANY NAME LAGOON ESTATES WATER COMPANY YEAR ENDING 12/31/2009

| INCC                                                                                                                                                                                                                                                                      | JWIE TAXES                                                                                                             |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| For this reporting period, provide the following:                                                                                                                                                                                                                         |                                                                                                                        |                                              |
| Federal Taxable Income Reported Estimated or Actual Federal Tax Liability State Taxable Income Reported Estimated or Actual State Tax Liability                                                                                                                           | \$ (2040)<br>\$ (2040)<br>0                                                                                            |                                              |
| Amount of Grossed-Up Contributions/Advances:                                                                                                                                                                                                                              |                                                                                                                        |                                              |
| Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances                                                                                                                                                                 |                                                                                                                        |                                              |
| Decision No. 55774 states, in part, that the utility we the tax year when tax returns are completed. Pursu Payer or if any gross-up tax refunds have already be and amount of contribution/advance, the amount of Payer, and the date the Utility expects to make or have | ant to this Decision, if gross-up tax<br>been made, attach the following infor<br>f gross-up tax collected, the amount | refunds are due to any mation by Payer: name |
| CERTIFICATION                                                                                                                                                                                                                                                             |                                                                                                                        |                                              |
| The undersigned hereby certifies that the Utility has prior year's annual report. This certification is to corporation; the managing general partner, if a company or the sole proprietor, if a sole proprietors!                                                         | be signed by the President or Chief<br>partnership; the managing member                                                | Executive Officer, if a                      |
| Am Churs                                                                                                                                                                                                                                                                  | 4.14.10                                                                                                                |                                              |
| SIGNATURE                                                                                                                                                                                                                                                                 | <u> </u>                                                                                                               |                                              |
| Stanley Miller                                                                                                                                                                                                                                                            | Controller                                                                                                             |                                              |
| PRINTED NAME                                                                                                                                                                                                                                                              | TITLE                                                                                                                  |                                              |

### VERIFICATION AND SWORN STATEMENT **Intrastate Revenues Only**

| • | RECEIVED |
|---|----------|
|   |          |

ACC UTILITIES DIRECTOR

VERIFICATION

**STATE OF ARIZONA** 

I, THE UNDERSIGNED

OF THE

| COUNTY OF (COUNTY NAME)        |  |
|--------------------------------|--|
| MOHAVE                         |  |
| NAME (OWNER OR OFFICIAL) TITLE |  |
| STANLEY MILLER, CONTROLLER     |  |
| COMPANY NAME                   |  |
| LAGOON ESTATES WATER COMPANY   |  |

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 2009 12 31

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY: THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401. ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE **UTILITY OPERATIONS DURING CALENDAR YEAR 2009 WAS:** 

Arizona Intrastate Gross Operating Revenues Only (\$)

\$188,103

(THE AMOUNT IN BOX ABOVE **INCLUDES \$9.337.35** IN SALES TAXES BILLED, OR COLLECTED)

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

(SEAL) ARIZORA COLPE

mery Public Stop of Autona

THIS !

DAY OF

TELEPHONE NUMBER

COUNTY NAME

MONTH

20 10

a1100~

MY COMMISSION EXPIRES

16

## VERIFICATION AND SWORN STATEMENT <u>RESIDENTIAL REVENUE</u>

| Æ, |
|----|
| 1  |

**VERIFICATION** 

INTRASTATE REVENUES ONLY

ACC UTILITIES DIRECTOR

| STATE OF ARIZONA   | COUNTY OF (COUNTY NAME) MOHAVE             |                  |
|--------------------|--------------------------------------------|------------------|
| I, THE UNDERSIGNED | NAME (OWNER OR OFFICIAL)<br>STANLEY MILLER | TITLE CONTROLLER |

OF THE

COMPANY NAME LAGOON ESTATES WATER COMPANY

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING MONTH DAY YEAR 2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE UTILITY OPERATIONS</u> RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2009 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$188,103

(THE AMOUNT IN BOX AT LEFT INCLUDES \$9,337.35 IN SALES TAXES BILLED, OR COLLECTED)

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

SIGNATURE OF OWNER OR OFFICIAL

(10) 375 5402

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

**THIS** 

(SEAL)

OH CHANGE DAY OF

COUNTY NAME MAN W/ W

x Mut Jen

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES